



2625

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
RICHARD IAN TAYLOR) : Examiner: S. H. Azarian
Application No.: 09/519,666) : Group Art Unit: 2625
Filed: March 6, 2000) :
For: IMAGE PROCESSING APPARATUS) : July 20, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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REQUEST FOR RECONSIDERATION

Sir:

This Request For Reconsideration is filed in response to the Office Action (Paper No. 20) dated April 20, 2004. Applicant offers the below remarks, beginning at page 9, in response to the Office Action. For the convenience of the Examiner, all of the presently pending claim are set forth below, beginning at page 2, although none of the claims are amended herein.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 20, 2004
(Date of Deposit)

Ronald A. Clayton (Reg. No. 26,718)
(Name of Attorney for Applicant)

Signature

July 20, 2004
Date of Signature



In re Application of:

Docket No. 01263.001195.

RICHARD IAN TAYLOR

Application No.: 09/519,666

Examiner: S. H. Azarian

Filed: March 6, 2000

Group Art Unit: 2625

For: IMAGE PROCESSING APPARATUS

Date: July 20, 2004

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 46	MINUS	** 46	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

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Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Ronald A. Clayton
Attorney for Applicant
Registration No.: 26,718

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200